

at age <b>2</b> months	Minimum age for first dose	at age <b>4</b> months	Minimum interval from previ- ous dose	at age <b>6</b> months	Minimum interval from previ- ous dose
<b>IPV</b>	6 weeks	<b>IPV</b>	4 weeks	<b>IPV</b>	4 weeks
<b>HepB *</b>	Birth	<b>HepB *</b>	4 weeks	<b>HepB *</b>	8 weeks
<b>Hib</b>	6 weeks	<b>Hib</b>	4 weeks	<b>Hib ****</b>	4 weeks
<b>DTaP</b>	6 weeks	<b>DTaP</b>	4 weeks	<b>DTaP</b>	4 weeks
<b>PCV</b>	6 weeks	<b>PCV</b>	4 weeks	<b>PCV</b>	4 weeks



Costs associated with this project are available from the Idaho Department of Health and Welfare, IDHW/11,900-16500-5/06-unit \$39

# Immunization Timing

This is a recommended schedule. For alternatives and details, consult the latest "Recommended Childhood Immunization Schedule, United States."

\* Hep B can be given at 0,1, and 6 months  
\*\* 2nd dose should be given 6 months after the first dose

\*\*\* Two doses are needed if the patient is older than 13 yrs separated by a minimum interval of 4 weeks

\*\*\*\* Not needed if Pedvax HIB is administered

at age <b>12</b> months	Minimum interval from previ- ous dose	at age <b>15</b> months	Minimum interval from previ- ous dose
<b>MMR</b>	On or after 1st birthday	<b>DTaP</b>	6 months
<b>Hib</b>	8 weeks		
<b>VAR ***</b>	On or after 1st birthday	<b>at age 12 months</b>	Minimum age for first dose
<b>PCV</b>	8 weeks	<b>HepA **</b>	On or after 1st birthday

## School Boosters

Give DTaP, polio, and MMR #2 between 4-6 yrs prior to kindergarten entry. Also administer 3 dose Hep B series, 2 dose Hep A series and varicella unless already given.



***Idaho  
Immunization  
Program***

## Preteen Vaccines

Make sure 11-12 year old adolescents are protected. Give Tdap booster, MMR #2, 3 dose Hep B series, 2 dose Hep A series, meningococcal, and varicella unless there is reliable history of disease or vaccination.



# Screening Questions

If parents answer "no" to all of these questions, immunize the child

If a parent answers "yes" to any of these questions refer to the "Guide to Contraindications to Childhood Vaccines"

1. Is your child sick today or does he/she have a fever?
2. Is your child or anyone else at home currently taking steroids (such as cortisone or prednisone) or cancer treatment, or have they taken them within the past 3 months?
3. Does your child or anyone else in your home, have cancer, leukemia, HIV/AIDS or other immune deficiencies?
4. Has your child ever had a reaction to vaccine that needed medical attention?
5. Has your child ever had convulsions or seizures? Does your child have any other problems affecting his/her brain or nerves?
6. Does your child have an allergy to any of the following: neomycin, gelatin, yeast?
7. Has your child had a blood transfusion or a gamma globulin shot in the past year?
8. Is your child currently taking aspirin?
9. (For adolescent girls) Could you be pregnant?
10. Has your child received vaccinations in the past 4 weeks?

Acetaminophen Dosage Chart				
Age	Weight	Drops	Elixir	Chewables 80 mg Tabs
0-3 Mo	6-11 lbs	.4ml 1/2 dropper		
4-11 Mo	12-17 lbs.	.8 ml 1 dropper	1/2 Tsp.	
12-23 Mo	18-23 lbs	1.2 ml 1/2 dropper	3/4 Tsp 3.75 ml	
2-3 Yrs	24-35 lbs	1.6 ml	1 Tsp.	2 Tablets